24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Make DC Listen	
	C C00570739
Check if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Make DC Listen	M M / D D / Y Y Y Y
Mailing Address 824 S Milledge Ave Ste 101	07 04 2015 Amount
O'L	05.00
City State Zip Code Athens GA 30605	35.00 Transaction ID : E69DC6CA4F3CE4CB4B68
	Date of Disbursement or Obligation
Purpose of Expenditure Donation Processing Category/ Type	07
Name of Federal Candidate Support Office	Sought: House District: 00
Ted Cruz Oppose	President Senate State:
05500.00	rrsement For: X Primary General
Per Election for Office Sought 65569.96 2016	Other (specify) ▶
Full Name of Payee Make DC Listen	Date of Public Distribution/Dissemination
Wake Do Listeri	07 11 2015
Mailing Address 824 S Milledge Ave Ste 101	Amount
City State Zip Code	120.00
Athens GA 30605	Transaction ID : E446CB632B06C4BCC89L Date of Disbursement or Obligation
Purpose of Expenditure Category/	M M / D D / Y Y Y Y
Donation Processing Type	07 11 2015
Name of Federal Candidate Support Office	e Sought: House District: 00
Ted Cruz Oppose	President Senate State:
2016	ursement For: X Primary General
Per Election for Office Sought 65689.96 2016	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	155.00
•	7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Paul Kilgore [Electronically Filed] Date	8 21 2015
Signature	